SERIAL NO. 522702

FILING DATE 3-00-00

APPLICANT(S)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				NO.	DEP.	NO.	DEP.	NO.	DEP.
	NO.	DEP.	NO.	DEP.	NO.	DEP.								
1	1						61							
2							62							
3							63							
4							64							
5							65							
6							66							
7							67							
8	1						68							
9		1					69							
10	1						60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17	1						67							
18			1				68							
19	1						69							
20			1				70							
21							71							
22							72							
23							73							
24							74							
25							75							
26	1						76							
27							77							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IN.	6						TOTAL NO.							
TOTAL DEP.	21 / 27						TOTAL DEP.							